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CONFIRMATION NO. 5129

<b>SERIAL NUMBER</b> 09/415,654	<b>FILING OR 371(c) DATE</b> 10/12/1999 <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2611	<b>ATTORNEY DOCKET NO.</b> RCA89830	
<b>APPLICANTS</b> DAVID LOWELL MCNEELY, INDIANAPOLIS, IN;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/121,198 02/24/1999 <b>** FOREIGN APPLICATIONS *****</b> <i>yes, L2</i> <i>none, L2</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/01/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>Kamran</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> <i>19</i>	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 24498 <i>117</i>					
<b>TITLE</b> SAMPLED DATA DIGITAL FILTERING SYSTEM					
<b>FILING FEE RECEIVED</b> 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		